

Supporting the Distressed Child in School



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OUTCOMES

Participants will be able to:



- ✓ Define trauma and the factors that influence the trauma response
- ✓ Understand trauma responses typical of children and adolescents
- ✓ Understand basic crisis response strategies for use with children and adolescents

Critical Concepts



- Crisis can be triggered by external events and by internal triggers: memories, thoughts, appraisals, feelings etc...
- **The response of the helpers can mitigate or magnify the trauma response.**

Trauma...

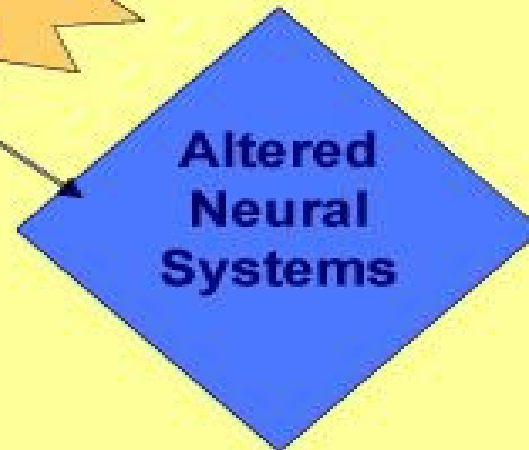


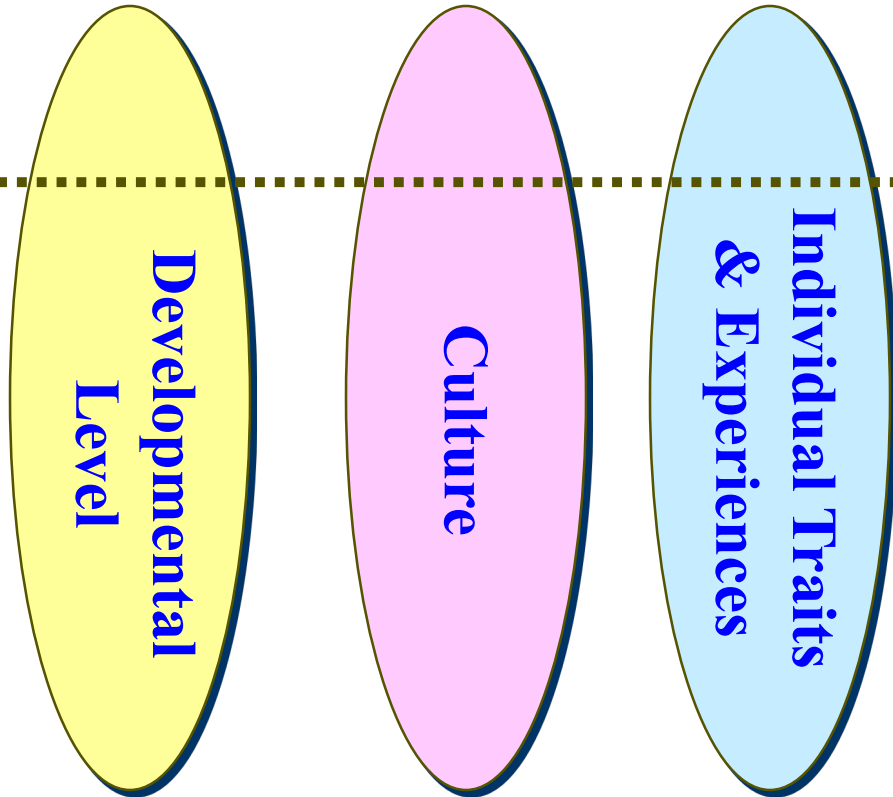
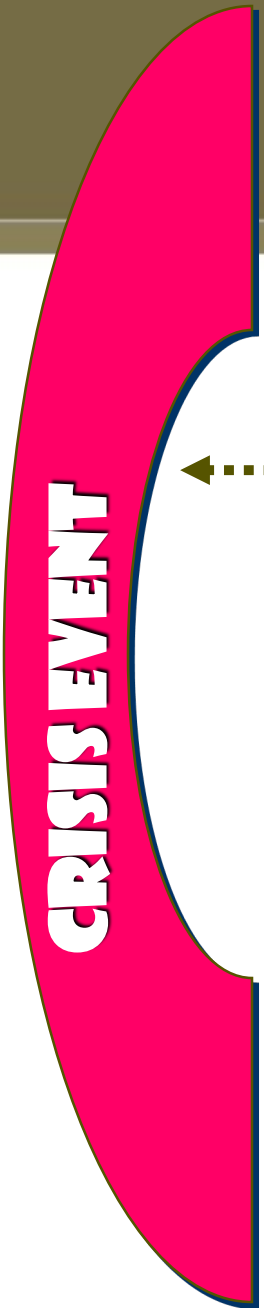
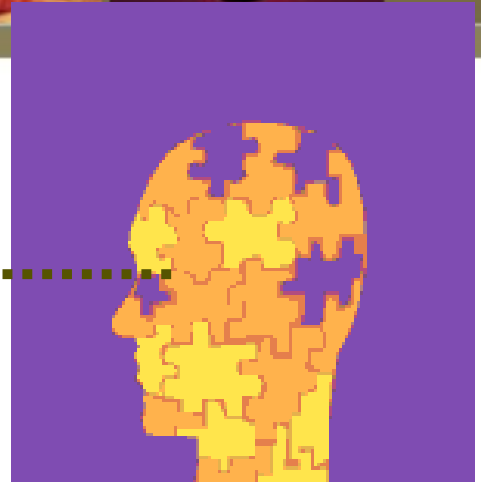
- The psychological and physiological effects that one experiences when confronted with an event that poses a **serious threat to the individual's life** or **physical integrity** or **sanity** or that of a family member or close friend.

Persistent Fear State: *The Psychology and Physiology of Trauma*



**Traumatic
Event**





We Respond to Trauma through Our Unique Lenses

Stress Response in Children

Fight, Flight, Freeze



- Fight response
 - Crying
 - Regressive Tantrums
- Flight response
 - Physical flight is usually not possible
 - Dissociation
- Freezing response
- Surrender
 - No response - Often **MISPERCEIVED** as oppositional deviance

A frightened child doesn't focus on words being spoken or yelled; instead they will key in to nonverbal signs of communication → Threat related signals

Posttraumatic Stress Process



- Frightening event escalates alarm response
↓
- Child becomes anxious when cued by circumstances experienced during the trauma
↓
- Leads to increased fear state and physiological arousal
↓
- Child becomes hypervigilant (normal response)
↓
- Child interrupts the alarm by invoking a numbing response or engaging in provocative behaviors

Hallmark Symptoms of PTSD :



■ RE-ENACTMENT

- Play
- Drawing
- Nightmares
- Intrusive ideations

■ AVOIDANCE

- Being withdrawn
- Daydreaming
- Avoiding other children

■ PHYSIOLOGICAL HYPERREACTIVITY

- Anxiety
- Sleep problems
- Hypervigilance
- Behavioral impulsivity

Understanding the Continuum



Hyperarousal Continuum	Rest	Vigilance	Resistance (Crying)	Defiance (Tantrums)	Aggression
Dissociative Continuum	Rest	Avoidance	Compliance (Robotic/detached)	Dissoc. (Fetal Rocking)	Fainting
Regulating Brain Region	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
Cognitive Style	Abstract	Concrete	Emotional	Reactive	Reflexive
Internal State	Calm	Arousal	Alarm	Fear	Terror

Dysregulated Affect



- “All or Nothing Emotional Style”
- Severely constricted OR Emotional bursts
- ALEXITHYMIA—One is aware of only the physiological aspects of affect
 - No vocabulary of feeling states
 - Prohibits learning from one’s emotional experiences
- Intense affect related to trauma inhibits communication of experience
- Behaviors related to dysregulated affect:
 - Oppositional, defiant, uncooperative, anxious, depressed, impulse ridden, and unpredictable behavior

Avoidance of Intimacy



- Emotional Closeness = Feelings of vulnerability and loss of control
- Intimacy represents a threat, **NOT** safety
- Ways of Avoiding Intimacy
 - Clingy behavior
 - Hyperactivity
 - Avoidance of eye contact
 - Withdrawal
 - Oppositional behavior, aggression
 - Disgusting personal habits

Children's Reactions Vary



- Age
- Temperament
- Personality
- Past experience
- Family rules & roles



Children Most Fear That...



- The event will happen again
- Someone they love will be injured or killed
- They will be separated from their family
- They will be left alone
- They caused it



Research from the New York State Office of Mental Health: *Crisis Counseling Guide, Age-Related Reactions of children to Disasters*

Resiliency



It is critical to understand how some youth succeed despite the overwhelming odds against them.

This understanding helps us design more effective intervention models.

Maintaining Self-Efficacy



Self-Efficacy is greatly affected by events in which the individual feels that they have no control.

Self-Efficacy improves under certain circumstances:

- Positive sharing with peers
- Successful accomplishment of a task
- Demonstration of control over reaction to an events

Children's Reactions to Traumatic Events



Immediate Reactions



Common to all age groups

- Disorganization
- Regression
- Limited ability and desire to express self
- Increased levels of arousal/physical symptoms

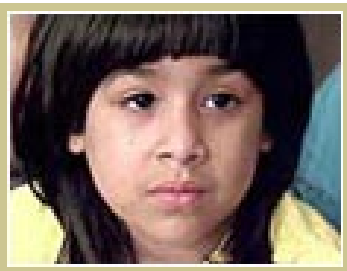


Acute Reactions to Trauma



Internalizing

- **Appearance** → Pale, submissive
- **Affect** → Blunted, numb
- **Behavior** → Slowed, automatic, paralyzed, immobilized



Acute Reactions to Trauma



Externalizing



- **Appearance** → Flushed, sweating, agitated
- **Affect** → Panicked, enraged, hysterical
- **Behavior** → Rapid, frenzied, ineffectual, limited control

INDICATIONS OF POSTTRAUMATIC STRESS: Preschool-Grade 2



COGNITIVE

- Short attention span
- Confusion regarding:
 - Locations
 - Event
 - Sequencing

INDICATIONS OF POSTTRAUMATIC STRESS: Preschool-Grade 2



PHYSICAL

- Loss of appetite
- Overeating
- Bowel and bladder problems
- Sleep disturbances

INDICATIONS OF POSTTRAUMATIC STRESS: Preschool-Grade 2



EMOTIONAL

- Generalized fears
- Nervousness
- Anxiety
- Irritability
- Avoidance of reminders



INDICATIONS OF POSTTRAUMATIC STRESS: Preschool-Grade 2



BEHAVIORAL

- Bedwetting
- Thumb sucking
- Nightmares
- Repetitive play, reenacting trauma
- Anxious attachment, clinging
- Aggression/disobedience



INTEGRATING THE EXPERIENCE

Preschool-Grade 2



Symptoms

- **Helplessness and passivity**
- **Generalized Fear**
- **Confusion**
- **Unable to identify what the problem is**
- **Communication disruptions-- selective mutism, nonverbal traumatic play, unvoiced questions**

Responses

- **Provide support, rest, comfort**
- **Establish adults as a protective shield**
- **Give concrete repeated clarifications**
- **Provide emotional labels for common reactions**
- **Guide child through general or expected feelings under the circumstances**



INTEGRATING THE EXPERIENCE

Preschool-Grade 2



Symptoms

- **Attributing frightening qualities to traumatic reminders**
- **Sleep disturbances nightmares, fear of sleep fear of being alone at night.**
- **Anxious attachment, separation anxiety**
- **Regression**

Responses

- **Normalize and comfort**
- **Encourage them to discuss sleep problems with helpers**
- **Provide consistent care giving and assurance**
- **Tolerate some level of childlike behavior**

INDICATIONS OF POSTTRAUMATIC STRESS: Upper Elementary (Grades 3-5)



COGNITIVE

- Attention
- Concentration problems
- Confusion

INDICATIONS OF POSTTRAUMATIC STRESS: Upper Elementary (Grades 3-5)



PHYSICAL

- Frequent mild physical complaints
 - Wants to go to the nurse
 - Wants to go to the bathroom
 - Complains about eating
 - Stomachaches

INDICATIONS OF POSTTRAUMATIC STRESS: Upper Elementary (Grades 3-5)



PHYSICAL

- Headaches
- Skin irritations, rashes, frequent scratching
- Sleep disturbances



INDICATIONS OF POSTTRAUMATIC STRESS: Upper Elementary (Grades 3-5)



EMOTIONAL

- Reaction to related stimuli/hostility
- Overdependence
- Avoidance of large groups
- Responsibility/guilt/worries about family or own safety



INDICATIONS OF POSTTRAUMATIC STRESS: Upper Elementary (Grades 3-5)



BEHAVIORAL

- Clinging/regression
- Competition with siblings
- Reenacting incident
- Disobedience
- Cannot sleep due to nightmares



INTEGRATING THE EXPERIENCE

Upper Elementary (Grades 3-5)



Symptoms

- Child focuses on own actions during event
- Specific fears, triggered by reminders or by being alone
- Retelling or replaying of the event, distortions obsessive detailing
- Fear of being overwhelmed by feelings
- Impaired concentration and learning

Responses

- Explore child's images
- Help to identify reminders, normalize, provide comfort
- Guide child through a retelling of the event expected reactions
- Support the expression of feelings, support child if he becomes overwhelmed
- Normalize and provide comfort inability to concentrate



INTEGRATING THE EXPERIENCE

Upper Elementary (Grades 3-5)



Symptoms

- Sleep disturbances (bad dreams, dreaming of victim fear of sleeping)
- Concerns about own or loved one's safety
- Excessive anger, poor impulse control
- Concern for other victims and families
- Feeling disturbed, confused and frightened about own mental health

Responses

- Listen to child report the dream, normalize and comfort
- Provide feedback on reality of concerns and comfort
- Explain about how stress makes it hard to manage feelings
- Encourage constructive activities on behalf of the victim and their family
- Normalize and comfort

INDICATIONS OF POSTTRAUMATIC STRESS: Adolescents



COGNITIVE

- Problems concentrating
- Over-concern/worry
 - Health
 - Future
 - Parents



INDICATIONS OF POSTTRAUMATIC STRESS: Adolescents



PHYSICAL

- Headaches
- Vague complaints or pains
- Skin irritations or rashes
- Sleep disturbances
- Changes in appetite
 - Loss of appetite
 - Onset of or renewal of overeating



INDICATIONS OF POSTTRAUMATIC STRESS: Adolescents



EMOTIONAL

- Depression
- Anxiety
- Irritability

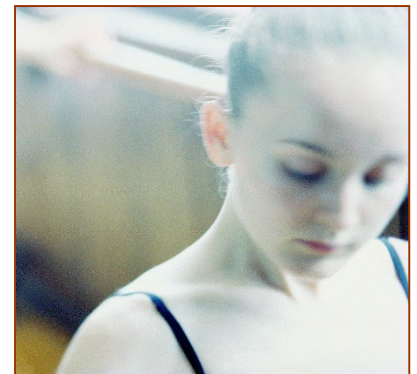


INDICATIONS OF POSTTRAUMATIC STRESS: Adolescents



BEHAVIORAL

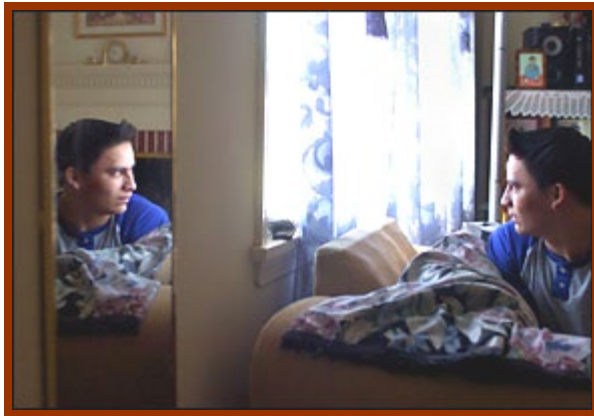
- Can't or won't meet responsibilities
- Regresses to ineffective coping styles
- Withdraws socially
- Exhibits antisocial or high risk behavior
- Initiates or resumes substance abuse
- Drop in academic performance and attendance



INDICATIONS OF POSTTRAUMATIC STRESS: Adolescents



SPIRITUAL



- Questioning
- Doubt
- Searching for meaning
- Emptiness
- Apathy
- Cynicism

INTEGRATING THE EXPERIENCE: Adolescents



Symptoms

- Shame and guilt
- Sense of vulnerability afraid of own feelings
- Initiation of or increase in substance abuse, sexual acting out or delinquent behavior
- Life threatening behavior self endangering, accident -prone behavior

Responses

- Discuss realistic expectations of what could have been done
- Help them understand the nature of these feelings, encourage child to talk to and being supportive of peers
- Relate acting out behavior to avoidance of real feelings
- Make students aware of this possibility, link it to need for support

INTEGRATING THE EXPERIENCE: Adolescents



Symptoms

- Changes in interpersonal relations
- Thinks out plans to implement revenge
- Radical changes in values
- Attempts to change developmental state entrance into adulthood through employment, marriage or pregnancy. Or regression to childlike dependence

Responses

- Discuss expected *temporary* strain on relationships
- Encourage constructive alternatives and relate to feelings of helplessness
- Link changes in values to event
- Encourage to work through grief before making radical changes in life

Responses to Trauma



“Normal” Responses

- Depression
- Withdrawal
- Sleep disturbance
- Clinging
- Acting like nothing happened
- Emotional lability
- Irritability, angry outbursts
- Heightened anxiety

“Serious” Responses

- Self-harmful behavior
- Identity disturbance
- Enduring or escalating aggression
- Mutism
- Amnesia related to own behavior

**Key to
Triage**



During & After a Crisis...

You are not alone!



Mental Health Assumptions



**Resilience is acquired
through the experience of
meeting challenges with support**

Immediate Goals of Crisis Response



- Mitigate the impact of an event.
- Accelerate normal recovery process.
- Reduce long term effects.
- Assess the need for possible therapy.
- Return child to day-to-day routines.



Crisis Support: A RICH Relationship



These **four components** define a relationship that promotes growth, whether it lasts five minutes or five years:

- ★ **R**espect
- ★ **I**nformation
- ★ **C**onnection
- ★ **H**ope



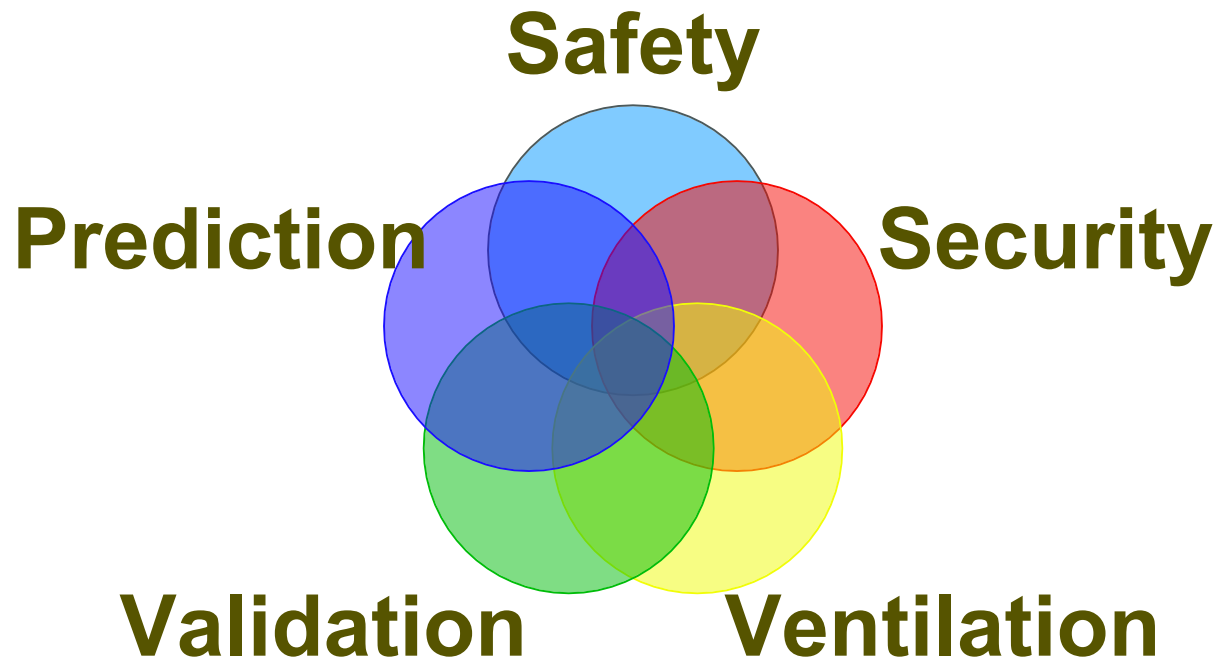
Crisis Intervention Strategies: Children & Teens

AVOID:



- Falling apart
- Making false promises
- Being judgmental
- Playing detective
- Losing leadership and structure
- Withdrawing

Key Response Elements



Safety



Until safety is addressed other issues and concerns are tangential.

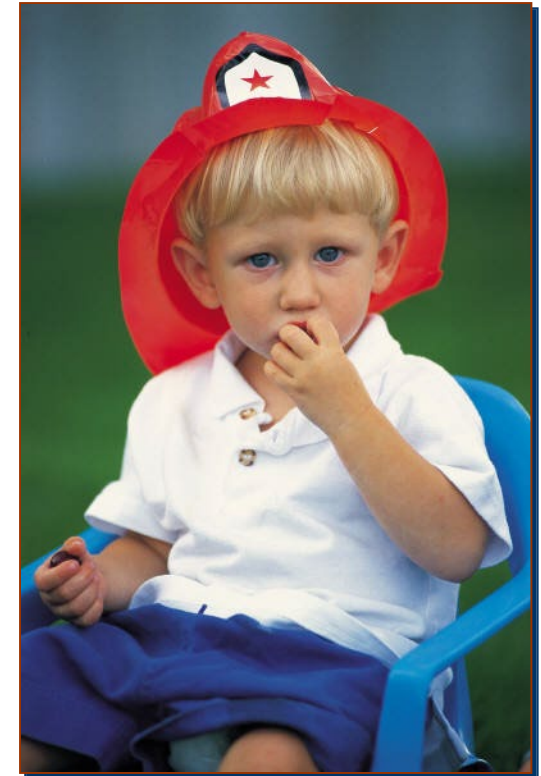
- Respond to physical needs
- Establish sense of connection with others
- Provide information that children want and need to feel more secure



Security



- Establish a private place to express emotions.
- Ensure confidentiality.
- Reassure that reactions are acceptable and not uncommon.
- Help children to take control of the events going on around them.
- Support efforts to achieve a sense of emotional safety.



Ventilation



The process of allowing the children to tell their story.

- Provide compassionate presence.
- Engage in effective listening where listening is a total process of searching for meaning and understanding.

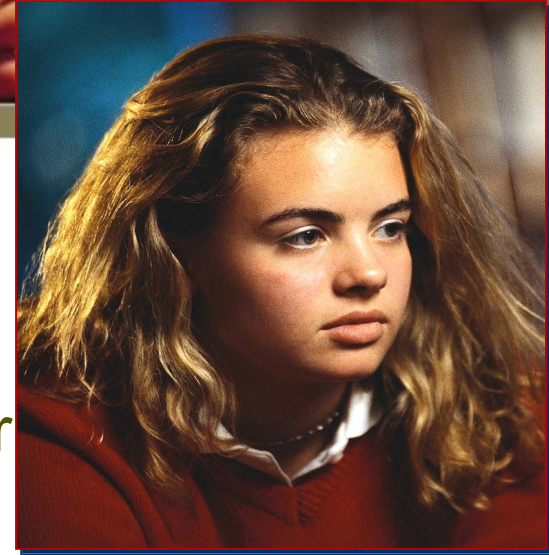


Validation



Effective hearing. Support the process of learning how to live through the pain.

- Use words carefully. Let survivors find their own words and use their words in response.
- Repeat key elements.
- Emphasize that intense negative emotions are not unusual.
- Be alert to signs of potentially harmful responses.



Prediction



Assist in working through their issues in reference to what will happen next.

- Practical issues
- Emotional issues
- Common physical, emotional and behavioral reactions
- Stress reactions
- Trigger reactions; impact of reminders, past trauma, etc.

A Trauma Toolbox for All Ages



- **Grounding**

- Orienting and comforting the child
 - Toys, blankets, music, snacks – creature comforts

- **Expressive activities**

- Drawing, writing, story telling, music, play

- **Imagery**

- Gauges, regulators, and containers
- Soothing images: nature, fantasy voyages

- **Narrative activities**

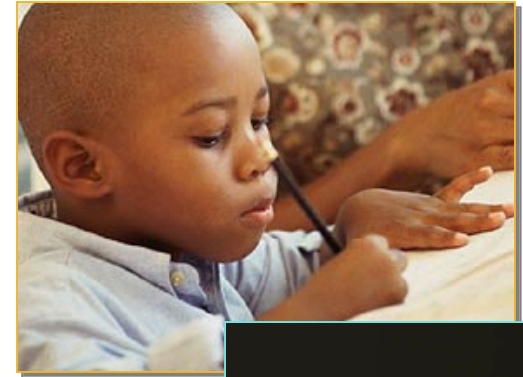
- What happened? What are you thinking? Feeling?

- **Reassuring and anticipating**

- Calming their anxieties and fears

- **Sleep**

- Preparing them for sleep
- Settling and soothing



Caring for Those Who Care



The significant stress associated with crisis affects both victims and caregivers.

The Cost of Caring



We professionals who are paid to listen to the stories of fear, pain, and suffering of others may feel, ourselves, similar fear, pain and suffering because we care.

Compassion fatigue is the emotional residue of exposure to working with the suffering, particularly those suffering from the consequences of traumatic events.



Charles R. Figley, Ph.D.

Symptoms of Compassion Fatigue



- Feelings of hopelessness
- Difficulties separating work from personal life
- Burnout
- Sense that your efforts make little difference
- Negativity
- Exhaustion
- Difficulty maintaining empathy
- Lowered ability to tolerate frustration
- Increased outbursts of anger or rage
- Ineffective and/or self-destructive behaviors
- Decreased feelings of competence
- Diminished sense of purpose/enjoyment with your career
- Depression



We are reluctant to seek help...



- Fear of judgment, reprisal, or ridicule by supervisors or peers
- Worry about self-exposure
- Illusions of omnipotence and invulnerability
- Difficulty trusting other helping professionals



As a Responder



- Remember that you will be exposed to trauma and stress when you offer crisis support.
- Be aware of the impact of your past experiences on your current functioning.
- Be alert to your own signs of stress.
- Activate healthy coping responses.
- Ask for support from team members, colleagues, friends, and family as needed.
- Activate professional help when necessary



Resources



- American Academy of Child & Adolescent Psychiatrists
 - www.aacap.org/publications/factsfam/index.ht
- National Child Traumatic Stress Network
 - www.nctsnet.org
- Child Trauma Academy
 - www.childtrauma.org

Thank you...



- For your caring
- For your compassion
- For your competence
- And for being there for the children of this County

